## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2/4/14</u>	Address:	725 Loon Court
Incident #:	14ISPC000810		Plymouth, IN
<b>County</b> :	<u>Marshall</u>		<u>46563</u>
Type of La	boratory Seizure (check one)	Seizure Location (c	heck all that apply)
○ Operation     ○ Chemica     ○ Dumpsite	al/Glassware/Equipment (only)	<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all th	ad: Location (bedroom, kitchen, open air at apply) /Ammonia Reaction(s): Northwest be		
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Northwest bedroom, garage			
Water Reactive Metal (Lithium): Northwest bedroom, garage			
Hydroch	nloric Acid Gas Generator(s): Garage		
Manhydro Anhydro	ous Ammonia: Northwest bedroom, g	garage	
	ve Acid: Garage		
Corrosive Base: Northwest Bedroom, Kitchen under sink			
Other (it	em and location):		
Yes 1 ( No Children Living cond Estimated le	r age 18 discovered (check appropriate number present)  not present but evidence they reside litions of home: Clean disarray ength of time manufacturing had been information: Child removed from home	or visit often  unclean occurring: 6 months	
This report	t has been faxed* to the following ag	gencies that serve th	e location:
Health Depa	ment: Plymouth FD artment: Marshall County of Child Services: Marshall County	Fax: Fax: Fax:	_
	information regarding this methamphog Officer: <u>Keith Bikowski</u> Pho	etamine laboratory, c ne <u>574-546-4900</u>	ontact

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This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.